

Jasper Road Public School

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10 February 2020

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CRESTWOOD HIGH SCHOOL TASTER DAY

Dear Parents and Caregivers,

Crestwood High School has inviting Year 6 students from Jasper Road Public School to attend a Taster Day on Monday 17 February 2020. This program is for all Year 6 students (mainstream) and provides a wonderful opportunity for the students to begin to understand, and feel comfortable in, the secondary school environment. All Year 6 students from Jasper Road Public School will be attending the day. Specialist high school teachers will conduct all sessions on the day.

The students will be catching a bus from Jasper Road Public School to Crestwood High School, accompanied by Jasper Road Public School staff, departing at 9.00am and returning by 2.50pm. A sausage sizzle lunch will be provided on the day. Students will be required to bring their own water bottle and recess with them. There is no cost for the day. All staff are qualified in Emergency Care and/or C.P.R.

Students will be divided into groups which will rotate through different lessons.

Students must wear full <u>sports</u> uniform including their school hat. However, as some of the activities will be in specialist practical rooms, <u>enclosed black leather school shoes</u> will also be required and should be worn or carried inside the student's school bag. **NB Students will be unable to participate in Science and TAS lessons if the correct footwear is not worn.** Students should also bring their pencil case and ruler with them.

Yours sincerely,		
Mr Craig Warner	Miss D Godfrey	
Principal	Assistant Principal	
Please return this permi	ission slip to your class teacher by Thursday 13 February	y 2020
CRE	ESTWOOD HIGH SCHOOL TASTER DAY	
I give permission for my child	in	class to
attend the Crestwood High School Tas	ster Day on Monday 17 February 2020.	
	catching a bus from Jasper Road Public School to Crester photographed and for this photograph to be published but all conditions.	-
☐ My child has a medical condition. ☐	Γhe details are provided below.	
☐ My child has dietary requirements.	The details are provided below.	
DETAILS:		
Medical:		
Dietary:		
Signed:	Date:	
(Pare	ent/Caregiver)	